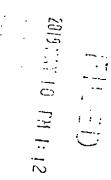
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Amend CC

MAY 2 1 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Y005 DUNUTS LLC - Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Carolina Espallat	
Firm/Company	
10711 Clour Walk Dr Address	
Orlando FL 32225.	
City/State and Zip Code 1005 Donuts P. a. maul. com. E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Caucha Epallat at (321) 3547629. Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V005DC	NUTS LLC	
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on Harch 21, 2019 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	-
		-
Enter new mailing address, if applicable:		;
(Mailing address MAY BE A POST OFFICE BOX)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the ne</u> ldress here:	w
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action <u>Name</u> Address Title Yenana Bolivar 10640 Tibbett St DAdd Orlando FL 32832 __ Change AMBR Paul Esparlat 10711 Clover Walk Dr DAdd Mando FL 32825 A Remove ___ Change _ 🗆 Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove

_ Change

lf an e <u>Note:</u>	tive date, if other than the date of filing: (optional) [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
ne re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 25 2019. Cachna Equilat Signature of a member or authorized representative of a member
	0.1
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00